

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90057 046 \*\*\*\*61.25

**DOCUMENT # 731764**

1. Entity Name

**FIRST ASSEMBLY OF GOD CHURCH OF DEFUNIAK SPRINGS**

Principal Place of Business

Mailing Address

568 VAN BUREN AVE  
 DEFUNIAK SPRINGS FL 32433  
 US

P.O. BOX 759  
 DEFUNIAK SPRINGS FL 32435-0759  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2328319**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LORENZ, DONNA  
 3567 COUNTRY HWY 280 E  
 DEFUNIAK SPRINGS FL 32433

Name **Frances M. Jones**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2335 Ward Road**  
 City **Defuniak Spgs, FL** Zip Code **32433**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **Frances M. Jones**  
Signature, typed or printed name of registered agent and title if applicable.

**Frances M. Jones**  
(NOTE: Registered Agent signature required when reinstating)

**May 7, 2000**  
Date

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DOTSON, RAINEY</b>	
STREET ADDRESS	<b>135 S SHORELINE CIR</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LORENZ, DONNA</b>	
STREET ADDRESS	<b>3567 CTY HWY 280 E</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LORENTZ, KENNETH</b>	
STREET ADDRESS	<b>260 LORENZ DR</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LORENZ, JAMES</b>	
STREET ADDRESS	<b>3567 CTY HWY 280 E</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL 32433</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jones, Frances M.</b>	
STREET ADDRESS	<b>2335 Ward Road</b>	
CITY-ST-ZIP	<b>Defuniak Springs, FL 32433</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED Frances M. Jones** 5-7-00 850-859-2885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)